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10 *					NOTICE 2	018-100	_ ,	
Fam <b>990-T</b>	j E	Exempt Organ	'n	OMB No 1545-0687				
	_	ar)	nd proxy tax und	er se	ction 6033(e))		_	
-	For ca	lender year 2018 or other tax year	•		, and ending	18	12	2018
Department of the Treasury Internal Revenue Service		► Go to www. • Do not enter SSN number	irs.gov/Form990T for in s on this form as it may				3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (	, D Ewb	ployer identification number ployees trust, see ructions)				
B Exempt under section	Print	AAA FOUNDATION FO	R TRAFFIC SAFETY	?				52-0794368
x 501(c)(3)	or	Number, street, and room		elated business activity code instructions)				
408(e) 220(e)	Туре	607 14TH STREET N		This delicate y				
408A 530(a)		City or town, state or prov	ince, country, and ZIP or	r foreig	n postal code			
529(a)		WASHINGTON, DC 2	0005					
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	<u> </u>				
22,366	,474.	G Check organization type	<b>X</b> 501(c) corp				(a) trust	Other trust
		tion's unrelated trades or b		1		ribe the only (or first)		
		SPORTATION FRINGE				one, complete Parts I-		
		ce at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Sche	dule M for each addition	onal trad	e or
business, then complete							<u> </u>	. <del> </del>
		oration a subsidiary in an a		ıt-subs	idiary controlled group	p?	Y	es X No
J The books are in care of		tifying number of the parent	corporation		Tol	lephone number	407-4	44-7116
		de or Business Inco	ome		(A) Income	(B) Expens		(C) Net
		Jo di Badinodo ino			(71) 111001110	(b) Expond		(6)
1a Gross receipts or sale b Less returns and allo			c Balance	1c		٠		
b Less returns and allow  Cost of goods sold (5)			Chalance	2				· · ·
3 Gross profit Subtrac		· ·	f:	3				
4a Capital gain net incor			• 4	4a				
. •	•	art II, line 17) (attach Form	4797) -	4b				- <del></del>
c Capital loss deduction			,	4c				
·		ship or an S corporation (at	ach statement)	5				
6 Rent income (Schedu		sinp or air o corporation (at	aon otatomont,	6				
7 Unrelated debt-finance		ne (Schedule F)		7				
		nd rents from a controlled o	rganization (Schedule F)	8				
		on 501(c)(7), (9), or (17) or	=					
10 Exploited exempt acti			<b></b>	10				
11 Advertising income (		•		11				
12 Other income (See in		•		12				
13 Total. Combine lines	s 3 throu	gh 12		13		0.		
		t Taken Elsewhere						
(Except for	contribi	utions, deductions must	be directly connected	with 1	the unrelated busin	ess income )		
14 Compensation of of	ficers, di	rectors, and trustees (Sche	dule K)		( m)		14	
15 Salaries and wages			REC	F1/	/ED	i.	15	
16 Repairs and mainter	nance		1 1				16	
17 Bad debts			MUL   8	3 3	2020		17	
18 Interest (attach sche	edule) (s	ee instructions)		_	181		18	
19 Taxes and licenses			JUN (OGDE	ENI	117		19	
	•	e instructions for limitation	rules)	_17,			20	<del> </del>
p <sup>21</sup> Depreciation (attach		•			21	_	<b></b> -	-
•	aimed o	n Schedule A and elsewhere	on return		22a		22b	
23 Depletion							23	
24 Contributions to def	erred co	mpensation plans					24	
25 Employee benefit pr	-						25	
26 Excess exempt expense.		•					26	
27 Excess readership c		· ·					27	-
28 Other deductions (a	ttach sch	nedule)					28	1

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Total deductions Add lines 14 through 28

31 32 0.

0.

Part I	Total Unrelated Business Taxable Income									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.					
34	Amounts paid for disallowed fringes	unts paid for disallowed fringes								
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)									
36	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of									
•	lines 33 and 34		36							
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>ී</b> ፄ	37	1	000.					
37	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	30	<del>                                      </del>							
38	enter the smaller of zero or line 36		1,		0.					
Part			38							
·			39		0.					
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	<b>•</b>	99	<del></del>						
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	_	- -							
	Tax rate schedule or Schedule D (Form 1041)		40							
41	Proxy tax See instructions		41							
42	Alternative minimum tax (trusts only)		42							
43	Tax on Noncompliant Facility Income See Instructions		43							
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.					
Part '	/ Tax and Payments		r -							
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		<b>↓</b>							
b	Other credits (see instructions)									
C	General business credit Attach Form 3800									
d	Credit for prior year minimum tax (attach Form 8801 or 8827)									
е	Total credits Add lines 45a through 45d		45e							
46	Subtract line 45e from line 44		46		0.					
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ach schedule)	47							
48	Total tax Add lines 46 and 47 (see instructions)		48		0.					
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		0.					
	Payments: A 2017 overpayment credited to 2018									
	2018 estimated tax payments 50b		7							
	Tax deposited with Form 8868		1							
	Foreign organizations: Tax paid or withheld at source (see instructions)		1 I							
	Backup withholding (see instructions)  50e	-	1 i							
	Credit for small employer health insurance premiums (attach Form 8941)		1							
	Other credits, adjustments, and payments: Form 2439		1							
¥	Form 4136 X Other 2,930. Total 50g	2,930,								
E 4	Total payments Add lines 50a through 50g SEE STATEMENT 2	_,,,,,,,	51	2	930.					
51	Total payments. And lines 300 through 309		52		, •					
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	_	53							
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	$\propto$	54		930.					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ded	55		930.					
Part		one)	T 30 1		, , , , , , ,					
L		Jilaj			I Na					
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file									
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			<u>x</u>						
	here CAYMAN ISLANDS			<b>-   ^</b> -	x-					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	jn trust?		<u> </u>	<del>  ^</del> _					
	If "Yes," see instructions for other forms the organization may have to file									
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\bigs\\$\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	et of my knowle	dge and helief it	is true						
Sign	Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	St Of His Knowle	auge and belief, it	15 11 416,						
Here	3/17/2020 ► EXECUTIVE DIRECTOR		May the IRS discu		with					
	Signature of officer Date Title		ne preparer showinstructions)?		7 NA					
		<del></del>		Yes	No					
			if PTIN							
Paid	3/10/2020	If- employed	P01204	1534						
Prep	arer JULIANA KREUL JULIANA KREUL	manda Fisi N		714325						
Use (		irm's EIN	42-0	114323						
	7351 OFFICE PARK PL.	)home == - 7	101_7E1 <i>E</i> 0	00						
	Firm's address MELBOURNE, FL 32940-8229	hone no 3	21-751-62	<del></del>						

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year 6						
2 Purchases	2		_ 7	Cost of goods sold. Su	ubtract I	line 6			
3 Cost of labor	3		_	from line 5 Enter here	and in I	Part I,	ļ 		
4a Additional section 263A costs				line 2			7	<u> </u>	
(attach schedule)	4a		_ 8	Do the rules of section	263A (1	with respect to		Yes	No
<ul><li>Other costs (attach schedule)</li></ul>	4b		╛	property produced or a	cquired	for resale) apply to			.
5 Total. Add lines 1 through 4b	5	<u> </u>		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prop	erty	) 	
1. Description of property									
(1)	-		•						
(2)	-						-		
(3)	-								
(4)	-								
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	personai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) as	d 2(b)	cted with the income i (attach schedule)	n
(1)				•					
(2)									
(3)									
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>.</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated Det	ot-Financed	income (see	: instru	ctions)					
			2	. Gross income from		<ol><li>Deductions directly con to debt-finance</li></ol>			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	ns
(1)									
(2)						· · ·			
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property th schedule)	(	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduc (column 6 x total of c 3(a) and 3(b))	
(1)			1	%				·	
(2)				%					
(3)				%					
(4)				%					
						enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				▶		C			0.
Total dividends-received deductions	ncluded in colum	n 8				<u> </u>	•		0.

			Exempt (	Controlled O	rganizatio	ons				
1 Name of controlled organizat	iden	imployer tification umber	3 Net unre (loss) (see	3 Net unrelated income (loss) (see instructions) 4 Total payme		al of specified nents made	include	t of column 4 to ad in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
1)										
2)										
(3)										
(4)										
lonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated inci (see instruction		9 <sub>.</sub> Total	of specified payr made	nents	10 Part of column the controllingross	nn 9 that ng organ s income	is included ization's		luctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colum Enter here and line 8, c		1, Part I, N)	Enter he	d columns 6 and 11 are and on page 1, Part I, nne 8, column (B)
otals		0	- 5047-1/2	(A) (A) -:: (	47\0:::	!4!		0.		C
Schedule G - Investme		Section	1 5U1(c)(7	), (9), or (	1/) Org	anization				
	ription of income			2 Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)
(1)						(attach Scilled			<del> </del>	(65, 5 pids 601 4)
(2)										·
(3)										<del> </del>
(4)	<del></del>									<del>                                     </del>
(4)				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
otals			•		٥.					c
Schedule I - Exploited (see instru	•	y Incom	e, Other	Than Adv	ertisin	g Income				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with p of u	xpenses connected roduction nrelated iss income	4. Net incon from unrelated business (cc minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		J								
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
otals ► Schedule J - Advertisi	1	- 1		l	·					
Part I Income From				solidated	Basis					
1 Name of periodical	2. Gross advertising income		3 Direct vertising costs			5. Circula income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										<b>*</b> *
(3)										
otals (carry to Part II, line (5))	<b>•</b>	0.	(	).						
	<u> </u>		-							Form 990-T (20

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2. Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter here a	and on page 1, Part II, line 14		▶	0.

Form 990-T (2018)

## FOOTNOTES

STATEMENT 1

THE FORM 990-T, LINE 34 IS BEING AMENDED TO REMOVE THE DISALLOWED FRINGES PAID AS A RESULT OF THE REPEAL OF SECTION 512(A)(7).

ORIGINAL AMOUNT REPORTED AMENDED AMOUNT

14,952.

0.

FORM 990-T OTHER C	REDITS AND	PAYMENTS	STATEMENT 2
DESCRIPTION			AMOUNT
TAX PAID ON DISALLOWED FRINGES			2,930.
TOTAL INCLUDED ON FORM 990-T, PA	GE 2, PART	V, LINE 50G	2,930.